



(Name of Facility Goes Here)  
(Name of Clinic Goes Here)

RCS DD-HA(M)2016  
Expires 25 February 2003

Please use the enclosed envelope and  
mail the completed survey to:  
Department of Defense  
c/o National Research Corporation  
1245 Q ST.  
LINCOLN, NE 68508-9855  
1-800-733-6714

1. What was the main purpose of your visit on (date of appointment goes here) to the (name of clinic goes here)?

- ☐ Care for illness or injury where you felt you needed to see a doctor right away (urgent care)  
☐ Routine care for a non-urgent condition  
☐ Well patient visit for preventive care (check-up)  
☐ Specialty care, referral visit

2. Did (name of provider goes here) or another provider treat you?

- ☐ (Name of provider goes here)  
☐ Other Provider (please keep that person in mind as you complete this questionnaire)

3. Thinking about your visit on (date of appointment goes here), how would you rate  
(name of provider goes here) and the staff of the (name of clinic goes here) on:

- |   | Poor                  | Fair                  | Good                  | Very Good             | Excellent             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Friendliness and courtesy shown to you by the clinic's staff                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Attention given to what you had to say   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Thoroughness of treatment you received   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Explanations of medical procedures and tests   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Personal interest in you and your medical problems                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Advice you received about ways to avoid illness and stay healthy                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Amount of time you had with (name of provider goes here) and staff during your visit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. How much you were helped by the care you received                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. How well the care met your needs   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Overall quality of the care and service you received                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Would you recommend (name of provider goes here) to family or friends?

|  | Completely<br>Dissatisfied | Very<br>Dissatisfied  | Somewhat<br>Dissatisfied | Neither<br>Dissatisfied<br>nor satisfied | Somewhat<br>Satisfied | Very<br>Satisfied     | Completely<br>Satisfied |
|--|----------------------------|-----------------------|--------------------------|--|-----------------------|-----------------------|-------------------------|
| 5. All things considered, how satisfied are you<br>with the <u>medical care</u> you received at the<br>(name of clinic goes here) during this visit? | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |

6. How many days were there between the day your appointment was made and the day you saw (name of provider goes here)?

- ☐ Same day      ☐ 4 - 7 days      ☐ More than 30 days  
☐ 1 day      ☐ 8 - 14 days      ☐ I did not have an appointment time; I "walked in" to the clinic (GO TO Q8)  
☐ 2 - 3 days      ☐ 15 - 30 days

7. How would you rate the number of days between the day your appointment was  
made and the day you saw (name of provider goes here)?

| Poor                  | Fair                  | Good                  | Very Good             | Excellent             |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. How long did you wait for (name of provider goes here) past your appointment time (or past the time you walked in if you did not have a  
specific appointment)?

- ☐ Did not wait      ☐ 16 - 30 minutes      ☐ 46 - 60 minutes  
☐ 1 - 15 minutes      ☐ 31 - 45 minutes      ☐ More than 60 minutes



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9. How would you rate the number of minutes you spent waiting for (name of provider goes here)?

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor                  | Fair                  | Good                  | Very Good             | Excellent             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. How would you rate the (name of clinic goes here) on:

|   |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | Poor                  | Fair                  | Good                  | Very Good             | Excellent             | Not Applicable        |
| a. Ease of making this appointment by phone               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Access to medical care whenever you need it            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The process of obtaining a referral for specialty care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Thinking about times when you have called the (name of clinic goes here) for medical information or advice, how would you rate the length of time it took clinic personnel to return your call?

|  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | Poor                  | Fair                  | Good                  | Very Good             | Excellent             | Not Applicable        |
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. All things considered, how satisfied were you with the (name of clinic goes here) during this visit?

|                         |                       |                       |                                    |                       |                       |                       |
|-------------------------|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| Completely Dissatisfied | Very Dissatisfied     | Somewhat Dissatisfied | Neither Dissatisfied Nor Satisfied | Somewhat Satisfied    | Very Satisfied        | Completely Satisfied  |
| <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Previously we asked you about your specific appointment with (Name of Provider goes here) and the (Name of Clinic goes here). We would now like to ask you some more general questions:

13. How would you rate (name of hospital goes here) on the following:

|                            |                       |                       |                       |                       |                       |                       |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                            | Poor                  | Fair                  | Good                  | Very Good             | Excellent             | Haven't Used          |
| a. Pharmacy services       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. X-ray services          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Laboratory services     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Medical record services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. Are you enrolled in TRICARE Prime?

☐ Yes ☐ NO (GO TO Q16) ☐ Not eligible to enroll (GO TO Q16) ☐ Don't know (GO TO Q16)

15. Is (name of provider goes here) (or the provider you saw) your Primary Care Manager?

|                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| Yes                   | No                    | Don't know            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. If you were given the option, would you:

☐ Enroll in TRICARE Prime ☐ Disenroll from TRICARE Prime ☐ TRICARE Prime is not available in this area  
☐ Re-enroll in TRICARE Prime ☐ Not enroll in TRICARE Prime

17. In general, would you say your health is:

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent             | Very Good             | Good                  | Fair                  | Poor                  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you would like to tell us about your last visit or your overall experience with the (Name of Clinic goes here) or (Name of Provider goes here), please write your comments on a separate sheet of paper and return it with this survey. The separate sheet will be forwarded directly to the Commander of (Name of Facility goes here).

Thank you for completing this survey. Please return it in the postage-paid envelope at your earliest possible convenience.



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